

as to the feasibility of the undertaking. The opinions expressed were largely in favor of prompt and energetic action in regard to the matter, and one and all, without exception, recommended that the institution be placed at once on a footing equal to any, and superior to the majority of medical colleges in the United States.

Many expressed themselves as being unwilling to have any hand in the organization of any school other than the very best.

Preparatory to the permanent organization the Chair appointed an advisory committee, composed of Doctors Kurtz, Maynard, Lindley, Orme, Seymour, and McFarland, to confer with himself as to the best plan to be pursued in the accomplishment of the desired object, and to report at a subsequent meeting. Upon motion of Dr. F. A. Seymour, the secretary was added to the committee to act in the same capacity. After some discussion on the amplitude of the field and the outlook for such an institution the meeting adjourned to convene at the call of the dean.

W. B. PERCIVAL, *Secretary*.

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Faculty Meeting, Wednesday Evening, April 22, 1885

Pursuant to a call of the dean, a second general meeting was held at his office, at which the following were present: Doctors J. P. Widney, Walter Lindley, Charles A. H. De Szigitz, A. F. Darling, H. H. Maynard, H. Nadeau, Joseph Kurtz, A. McFarland, J. H. Utley, G. W. Lasher, F. A. Seymour, W. L. Wills, and W. B. Percival.

The dean, who presided, read a partial report of the Advisory Committee, which after some discussion was referred back to the committee, and the same continued with power to act. Doctor Widney read also an incomplete list of the professorships with the names of those selected to hold them. Many plans were now offered and some suggestions made as to the mode of procuring a building, securing funds, and providing for the necessary working material. On motion, the Chair appointed a Committee on Site, Building and Funds, composed of the following: Doctors Kurtz, Darling, Maynard, Nadeau. Doctor Kurtz reported that the new Sisters' Hospital would accommodate one hundred and fifty beds, also that the control of its clinical advantages had been secured. Meeting then adjourned subject to the call of the dean.

W. B. PERCIVAL, *Secretary*.

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Excerpt from Minutes of Faculty Meeting of September 22, 1896: Doctor Widney's Letter of Resignation

... Doctor Widney spoke of hearing that the faculty had agreed on a successor to the deanship. He hoped this was true, as he had desired to retire for some time. He then presented his resignation, which was accepted, to take effect when his successor was duly elected.

Letter of Resignation:

Los Angeles, California, September 22, 1896.

To the Faculty of the College of Medicine of the University of Southern California:

Gentlemen:—Some two years ago, I expressed to you a desire to retire from the active duties of the deanship of the College, whenever you could unite on a successor. As I understand, you have agreed upon a successor to the office. I, in obedience to the wish then expressed, herewith tender my resignation from the office, with which for eleven years you have honored me. In doing this, I wish to thank you for the uniform courtesy and kindness which I have always received from you, and to express my appreciation of the honor conferred upon me.

Pleasant as it has been for me, however, I have felt since my life has been called away from the active practice of the profession, that one more closely identified with current medical science would fill the position more satisfactorily, and that it would be better for the school. I shall not cease to retain my interest in the welfare of the school in taking this step, but shall always rejoice in its success and shall be glad, in any possible way, to aid

in promoting its prosperity. I might say in explanation of my retirement from active work in the profession, which occupied so many years of my life, that the work which has come to me has been so clearly to me a call of God that I could not feel at liberty to draw back from it.

Very respectfully,

J. P. WIDNEY.

Doctors Ellis, Lindley, and Wills were appointed to draft resolutions representing the feelings of the faculty.[†] . . .

It was ordered that Doctor Widney's letter of resignation be spread on the minutes. Doctor Lindley nominated Dr. H. D. Brainerd for dean. Doctor Kurtz seconded the motion. No other nomination was made. The Chair appointed Professor Conrey, Doctors Ellis and Brainerd to draft a constitution and by-laws to govern the faculty, those drawn up at the organization of the faculty having been mislaid.

W. L. WADE, *Secretary*.

CLINICAL NOTES AND CASE REPORTS

LYMPHOBLASTOMA*

A REPORT OF TWO CASES

By LOUIS F. X. WILHELM, M.D.

AND

WILLIAM H. GOECKERMAN, M.D.

Los Angeles

IN recent years there has been much discussion as to the etiology and genetic relationship of the group of diseases more recently classified, first by Mallory¹ and later by Keim,² as lymphoblastoma. Under this term they include Hodgkin's disease, lymphosarcoma, mycosis fungoides, and the leukemias. Sternberg,³ Reed,⁴ Longcope,⁵ Ewing,⁶ and others, believe that they are on an infectious basis. They cite the fact that they have seen leukemic processes develop from acute tonsillitis, diphtheria and pneumonia, and run a short, fatal course or develop into chronic leukemia.

L'Esperance,⁷ Stewart and Doan, and others, stress the relationship of many cases of Hodgkin's disease and tuberculosis. They find evidence of avian tuberculosis often when human tuberculosis cannot be found. Warthin,⁹ on the other hand, stresses the fact that, "pathologically, the lesions are neoplastic in type rather than granulomatous; they show fine infiltrations and metastases. In their cell types and architecture they follow definite patterns which cannot be explained on the basis of an inflammatory reaction."

Fraser¹⁰ repeatedly has pointed out the genetic relationship existing between mycosis fungoides, lymphosarcoma, and lymphatic leukemia.

Symmers¹¹ thinks "it is simpler and more natural to correlate these lesions than it is to strain at the impracticable and artificial task of attempting to separate them into clinical and anatomic entities."

[†] For the faculty's resolutions on the resignation of Dr. J. P. Widney, see footnote in the May issue, page 397.

* Read before the Dermatology and Syphilology Section of the California Medical Association at the sixty-fourth annual session, Yosemite National Park, May 13-16, 1935.

In one hundred thousand diagnostic tissue examinations, covering a period of thirty-two years, Warthin⁹ reports an incidence of 506 cases, approximately 0.5 per cent of all cases, diagnosed as lymphoblastoma. In 33 of the 506, or 6.5 per cent, of the total number of cases of lymphoblastoma, there was cutaneous involvement. The skin manifestations may be circumscribed or universal. According to Arndt¹² the circumscribed form consists mainly of small lymphocytes, whereas the universal form consists of large lymphocytes, which are more closely related to the lymphoblasts and have numerous mitoses. McCafferty and Machacek¹³ recently reported two cases of cutaneous tumor formation which were of lymphoblastic origin. Goeckerman and Montgomery¹⁴ reported two cases, one of localized and one of extensive ulceration, belonging to this group.

Interest in this unique syndrome was recently aroused by a patient in whom lymphoblastoma was suspected strongly but could not be substantiated until autopsy. Persistent and severe itching "to the very bone," combined with a progressive weakness, suggested the diagnosis. Within a week of this postmortem, a second patient with typical enlarged glands in the cervical, axillary and inguinal regions, combined with intense, deep pruritus, and a generalized exfoliating dermatitis, was observed.

One patient was observed over a period of five months. She complained of a tingling sensation in the hands and feet, and burning and itching deep in the bones. Her skin presented patches of erythematous dermatitis on the face, especially around the nose and chin and neck, and also involved the hands and forearms. It was suspected that she had a lymphoblastoma, but physical examination and laboratory tests, including a complete blood count, blood chemistry, urinalysis, examination of stools, basal metabolic rate, and x-ray examination of the chest, were normal. At autopsy the diagnosis of generalized lymphosarcomatosis was made.

A second patient was seen who complained of a generalized itching eruption. His skin presented an erythematous, slightly infiltrated, oozing, scaling dermatitis, involving the entire body. The epitrochlear, axillary and inguinal glands were enlarged. Complete blood counts, urinalysis, blood chemistry, stool examination, and x-ray examination of the chest were within normal limits. Microscopic examination of a gland revealed the histologic picture of Hodgkin's disease.[†]

COMMENT

The striking feature in both these cases was the character of itching. The first patient described her itching as coming from deep down in the bone. She stressed the fact that it did not feel like the ordinary surface itch. At each visit she invariably called attention to the fact that the itching seemed to originate deep down in the bone. The internists who saw this patient progressively grow weaker were more impressed with the possi-

bility of tuberculosis, especially since this weakness was associated with cough and night sweats.

The second patient also complained of the severe and deep type of itching which failed to be relieved by the usual measures. The exfoliating dermatitis associated with the high white blood count and the relatively high lymphocyte count in the presence of the generalized lymphadenopathy prompted an immediate biopsy of skin and lymph node.

CONCLUSION

These two cases are reported to call attention to the deep character of the itching complained of in lymphoblastoma. The first patient's dramatic insistence that "the itching comes from deep in the bone" was the only symptom or sign that pointed to a diagnosis of lymphoblastoma.

727 West Seventh Street.

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The education of an individual is a complex process, its factors being hard to measure, now and then difficult even to detect. Some are intuitive, some come in the natural course of experience, some operate only when one submits to guidance and authority, some when one relies on his individual effort and independent will.—Leon J. Richardson.

[†] Complete case reports included in author's reprints.